



PROVIDER ENROLLMENT TRAINING GUIDE

ENROLL & MANAGE INDIVIDUAL –
RENDERING / SERVICING



REVISION SHEET

Revision Level	Date	Description	Change Summary	Changed By
1	03/24/2008	Initial Release		



TABLE OF CONTENTS

GENERAL INFORMATION	6
GENERAL SYSTEM OVERVIEW	6
WARNING NOTICE	6
CHAMPS HOTLINE INFORMATION	6
ORGANIZATION OF THE TRAINING GUIDE	6
CHAMPS SYSTEM FEATURES	7
CLOSING PAGES AND WINDOWS	7
BUSINESS PROCESS WIZARD	7
MY INBOX	8
HYPERLINKS, BUTTONS, AND DROPDOWNS	8
FILTER BY	9
ADDRESS STANDARDIZATION	10
LINKS MENU	10
PATH	11
SAVE TO XLS	11
LESSON 1 – ACCESS CHAMPS VIA SSO	14
INTRODUCTION	14
LESSON OBJECTIVES	14
LESSON TOPICS	14
MDCH SSO WEBPAGE	15
SUBSCRIBE TO CHAMPS	16
ACCESSING CHAMPS	18
LESSON 2 – PROVIDER TAB OVERVIEW	21
INTRODUCTION	21
LESSON OBJECTIVES	21
LESSON TOPICS	21
THE PROVIDER TAB	22
THE PROVIDER ENROLLMENT HYPERLINK	23
LESSON 3 – ENROLL AS INDIVIDUAL – RENDERING / SERVICING	25
INTRODUCTION	25
LESSON OBJECTIVES	25
LESSON TOPICS	25



BEGIN ENROLLMENT	26
SPECIALTIES AND SUBSPECIALTIES	30
BILLING PROVIDER	34
LICENSES AND CERTIFICATIONS	37
OWNERSHIP	40
TAXONOMY	45
ENROLLMENT CHECKLIST	48
MODIFY APPLICATION IN PROCESS	51
SUBMIT APPLICATION	54
<u>LESSON 4 – MANAGE PROVIDER RECORD</u>	<u>59</u>
INTRODUCTION	59
LESSON OBJECTIVES	59
LESSON TOPICS	59
SELECTING A DOMAIN	60
PROVIDER PORTAL OVERVIEW	63
TRACK APPLICATION	64
MANAGE PROVIDER INFORMATION	65
INITIATE NEW ENROLLMENT	66
MAINTAIN USERS	67
MANAGE PROVIDER RECORD	68
SUBMIT MODIFICATION REQUEST	70
<u>APPENDIX A – ACRONYMS AND ABBREVIATIONS</u>	<u>77</u>
<u>CHAMPS HOTLINE INFORMATION</u>	<u>78</u>



GENERAL INFORMATION



GENERAL INFORMATION

General System Overview

CHAMPS is the Community Health Automated Medicaid Processing System. It is the Michigan Department of Community Health's (MDCH) Medicaid Management Information System (MMIS). CHAMPS provides a secure web portal accessible to a wide range of users, including direct provider access.

The Provider Enrollment portion of CHAMPS will address the following:

- Accessing CHAMPS using the MDCH Single Sign-On web page
- Enrolling as a Billing Agent
- Managing Provider Records to make changes after approval of enrollment

Warning Notice

CHAMPS contains Electronic Protected Health Information (ePHI). All Protected Health Information (PHI), in any format, must only be used or disclosed as permitted by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal confidentiality laws.

Unauthorized or improper use of this information may result in disciplinary action up to and including termination. MDCH reserves the right to pursue civil or criminal penalties which may include notifying law enforcement officials and regulatory accreditation and licensure organizations.

The HIPAA Security Rule requires standards to assure the confidentiality of ePHI. Data that is downloaded should be saved to the network, not your C:drive (hard drive). ePHI data that is transferred should be encrypted using MDCH standards.

CHAMPS Hotline Information

Please direct any questions or concerns about CHAMPS to the CHAMPS Hotline.

- Phone – 1-888-643-2408
- E-mail – CHAMPS@michigan.gov

Organization of the Training Guide

This Training Guide covers the following Lessons:






1. Lesson 1 – Access CHAMPS via Single Sign-On (SSO)
2. Lesson 2 – Provider Tab Overview



3. Lesson 3 – Enroll as a Billing Agent
4. Lesson 4 – Manage Provider Record
5. Appendix A – Acronyms and Abbreviations

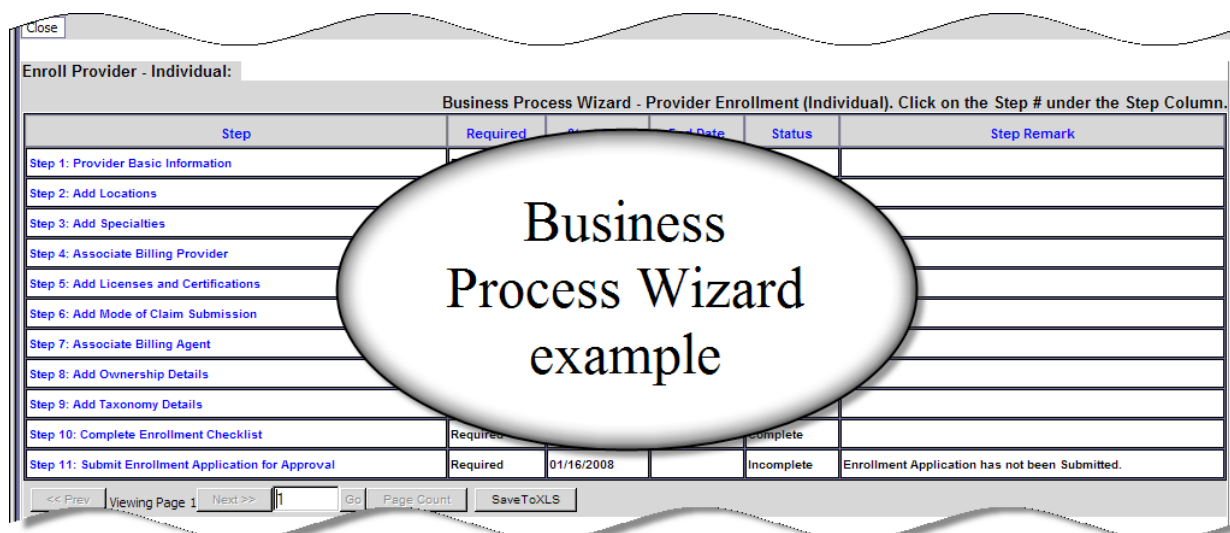
CHAMPS System Features

Closing Pages and Windows

NOTE: When you need to exit or close web pages or windows in CHAMPS, **ALWAYS** use the ,  or any other button available. Do **NOT** use the  button located in the upper-right corner of your page, as this will cause the buttons in CHAMPS to become inactive. If the  button is clicked on accident, press the  key on your keyboard to refresh the screen.

Business Process Wizard

The CHAMPS Business Process Wizard (BPW) is the nerve center of the Provider Enrollment application. Based on Enrollment Types, the Business Process Wizard will provide required and optional steps needed to complete and submit an enrollment application to the Michigan Department of Community Health (MDCH). The Business Process Wizard will label steps as either Required or Optional. It will also display the date each step was started and completed. The Step Remarks column displays system generated messages with information about what is required based on the enrollment application actions.

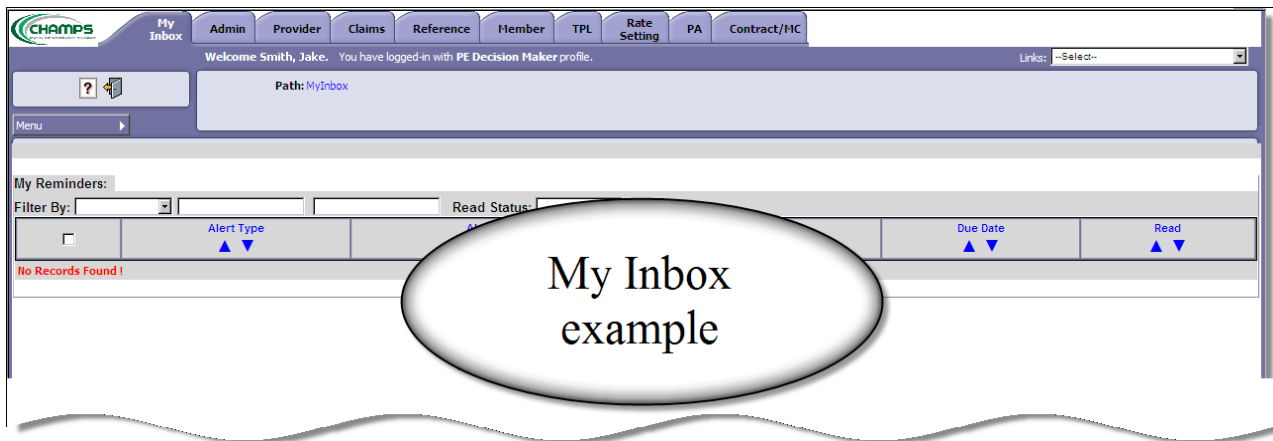


Step	Required	Start Date	Status	Step Remark
Step 1: Provider Basic Information				
Step 2: Add Locations				
Step 3: Add Specialties				
Step 4: Associate Billing Provider				
Step 5: Add Licenses and Certifications				
Step 6: Add Mode of Claim Submission				
Step 7: Associate Billing Agent				
Step 8: Add Ownership Details				
Step 9: Add Taxonomy Details				
Step 10: Complete Enrollment Checklist	Required		Complete	
Step 11: Submit Enrollment Application for Approval	Required	01/16/2008	Incomplete	Enrollment Application has not been Submitted.



My Inbox

The My Inbox page is accessed by clicking the My Inbox tab at the top of the CHAMPS web application. Just as the name implies, your My Inbox page will display incoming messages transmitted from within CHAMPS. You might also see notifications about your enrollment application here.



Hyperlinks, Buttons, and Dropdowns

Hyperlinks, buttons, and dropdowns appear throughout CHAMPS and can be used for several purposes. Hyperlinks and buttons are most often used for navigating between pages in CHAMPS.

Hyperlinks will have blue text and are usually underlined. Clicking on a hyperlink will take you to the page. For example, when you click the Complete Enrollment Checklist hyperlink in the Business Process Wizard, CHAMPS will take you to the Enrollment Checklist page.

Buttons can have more than one function. For example, clicking the **Submit** or **Next** button will take you to the next stage of a process. Clicking the **Finish**, **OK**, or **Close** buttons will generally close the page you are on. And clicking the **Save** button will save the information on the page.

Drop-down lists will provide you with options to choose. For example, you could see something simple like “Yes” or “No” choices in a drop-down list. Other drop-down lists will display search choices. A drop-down list may also be used as a way of compressing a list of hyperlink options for a user to use as a navigation tool.




Filter By

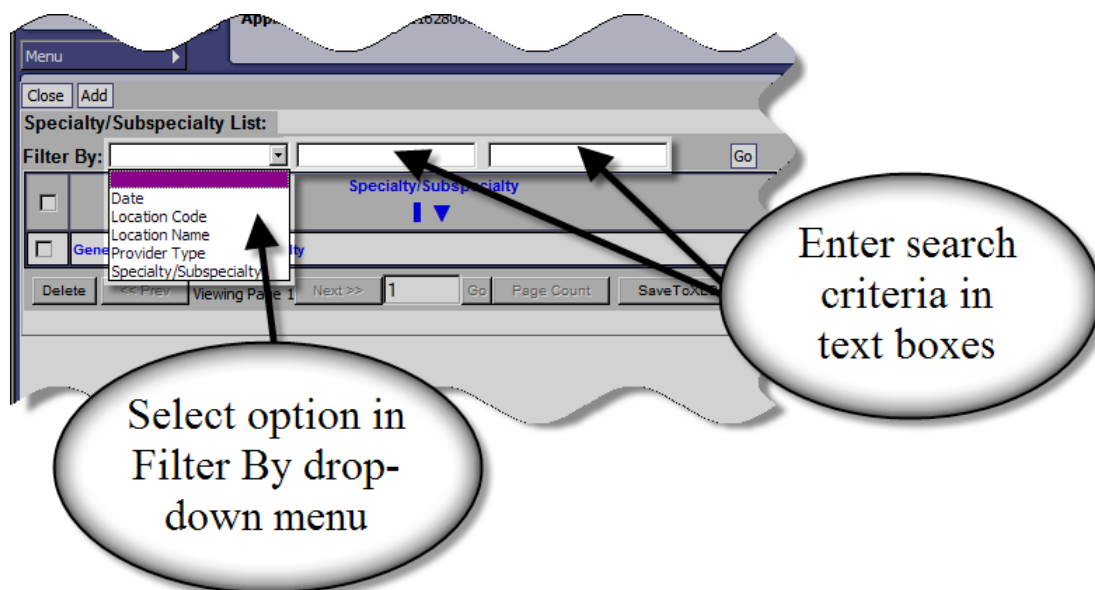
When you access a page in CHAMPS that shows you a list (for example, a list of Specialties/Subspecialties), you have the ability to search for specific items in that list.

The Filter By function provides you with a drop-down list of choices that you combine with text fields to narrow the number of records returned. Each time you select an option in a Filter By field, you need to enter text in the appropriate text box. For example, if you want to Filter By “Date,” you would put specific beginning and end dates in the following text boxes.

NOTE: All dates in CHAMPS must be entered using the **MM/DD/YYYY** format.

You also have the ability to use a wildcard in your search criteria. This means that you can enter a partial word or value in the text box and follow it with a percent sign (%) to retrieve the records that match the partial word. Because lists often have some kind of default filter on them, you can also use the percent sign (%) by itself to bypass the default filter or to indicate you want to see all of the records that meet your selected Filter By option.

After using the Filter By drop-down menu and entering search criteria in the text boxes, you can click the [Go](#) button on the screen or press the  key on your keyboard to display the filtered list.



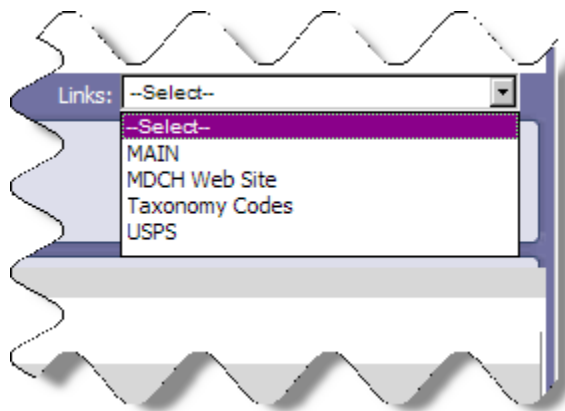


Address Standardization

CHAMPS uses software to standardize addresses entered into the CHAMPS system. This software also verifies that addresses are valid. If CHAMPS is unable to validate an address during enrollment or revalidation, verify the address at the United States Postal Service (USPS) website for the correct format and zip code. The address must appear in CHAMPS exactly as it does in the USPS database.

Links Menu

The Links Menu is a drop-down menu providing you with external Internet links that are frequently used in the application process.

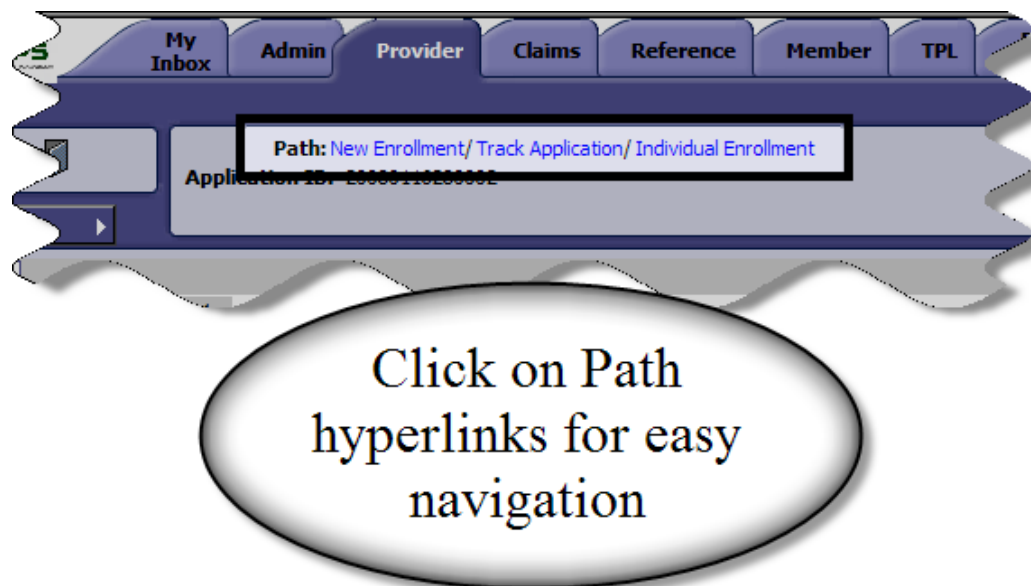


Links Menu
example

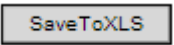
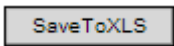


Path

Near the top of the CHAMPS web pages you will see a hyperlinked path which shows where you are and the path you took to get there. At any time you have the ability to click on any of the hyperlinks in the path to return to that area.

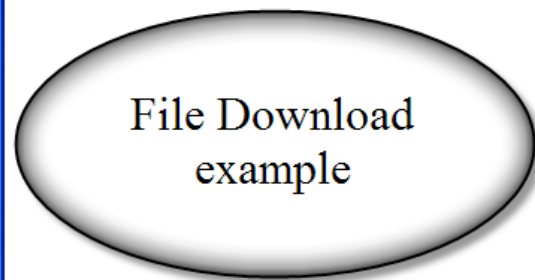
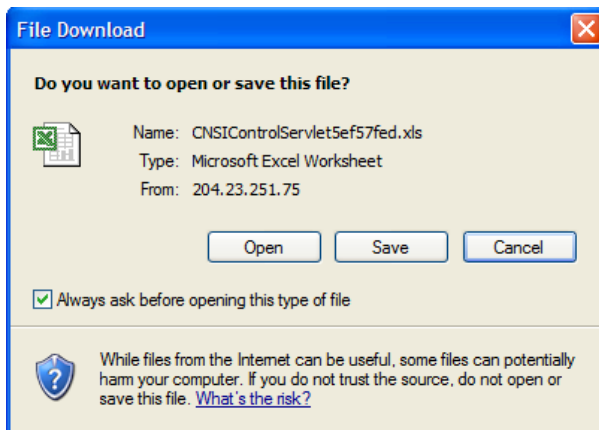


Save to XLS

CHAMPS provides you with the ability to save data to an Excel spreadsheet. Click the  button on screen to export data. You will need to disable (turn off) the pop-up blocker in your Internet browser and enable (turn on) the automatic prompting for file downloads to get the Save to XLS function to work. When you click the  button, you should select the **Open** option. You can then, if needed, save the file from the open spreadsheet.



Warning Notice: *The downloaded file may contain Electronic Protected Health Information (ePHI). All Protected Health Information (PHI), in any format, must only be used or disclosed as permitted by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal confidentiality laws.*





LESSON 1 – ACCESS CHAMPS VIA SINGLE SIGN-ON (SSO)



LESSON 1 – ACCESS CHAMPS VIA SSO

Introduction

The CHAMPS Web Application resides within the Michigan Department of Community Health (MDCH) Single Sign-On (SSO) website. In order to access CHAMPS, you will need to have a valid SSO account.

Lesson Objectives

In this lesson, you will follow the steps required to log into and access CHAMPS. You will:

- Use the MDCH SSO webpage to subscribe to CHAMPS
- Access CHAMPS after receiving subscription approval

Lesson Topics

- Topic A – MDCH SSO Webpage
- Topic B – Subscribe to CHAMPS
- Topic C – Accessing CHAMPS



TOPIC A

MDCH SSO Webpage

To log into CHAMPS, you will need to do the following:

1. Enter the MDCH SSO URL into your Internet browser: <https://sso.state.mi.gov>

You will see the login page:

MDCH Department of Community Health Michigan.gov

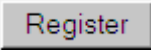
User ID

Password

Login

* If you do not have a User ID, please click Register

[I forgot my Password](#)

NOTE: If you are a first time user, you will need to click the  button to obtain a User ID and Password. You will then need to follow the steps to create an SSO account (detailed SSO Instructions are available on the MDCH website).

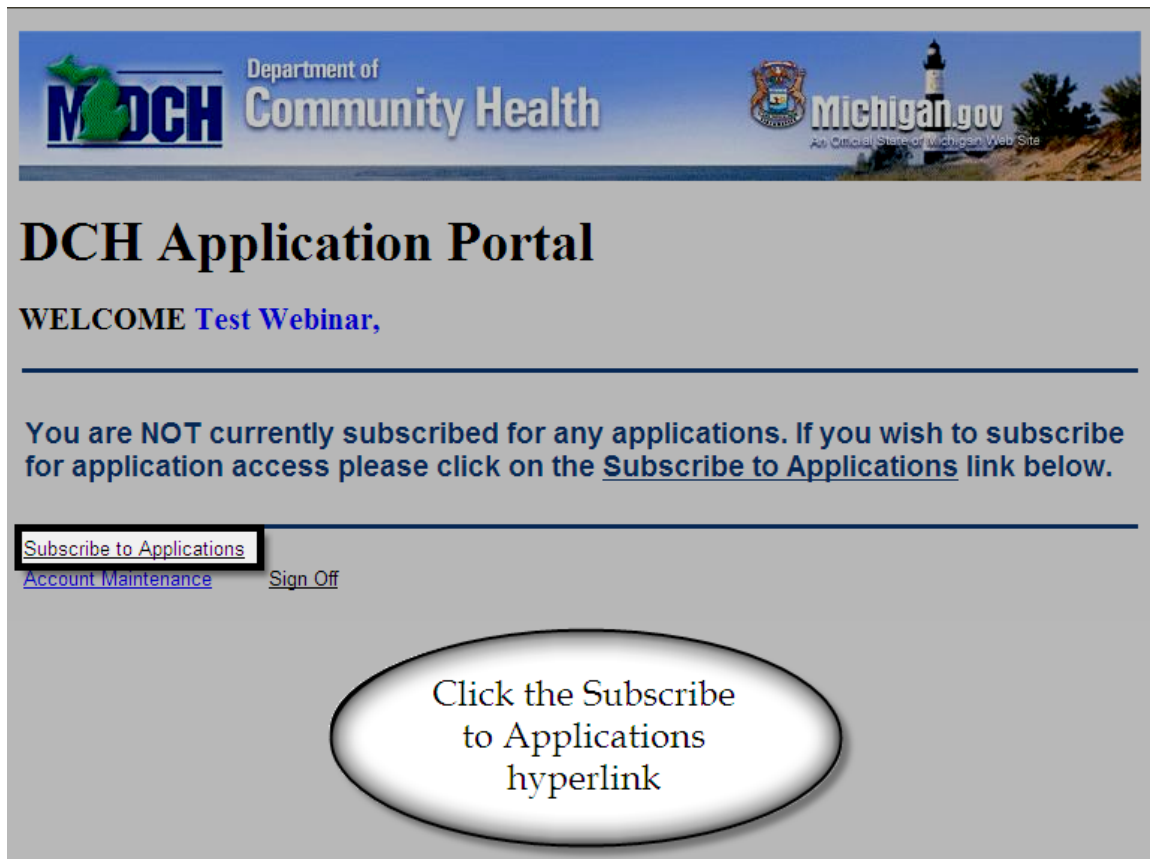
2. Enter your User ID and Password in the appropriate fields and click the  button.



TOPIC B

Subscribe to CHAMPS

1. After you have logged into the SSO website, click the Subscribe to Applications hyperlink.





2. You will see a Subscription page. From the drop-down menus, select DCH – CHAMPS from the first drop-down menu and CHAMPS from the second drop-down menu.

MDCH Department of Community Health Michigan.gov

SUBSCRIPTION

Please Select from the list

DCH - CHAMPS CHAMPS

Next Back

Copyright © 2002 State Of Michigan, Department of Community Health. All rights reserved

Select DCH-CHAMPS
and CHAMPS from drop-
down menus

3. Click the **Next** button. You will receive a message indicating your request is in review.

Your subscription for access to the CHAMPS application should be processed instantly. You will need to log out of the SSO webpage and then log back in. The link will then be available.



TOPIC C

Accessing CHAMPS

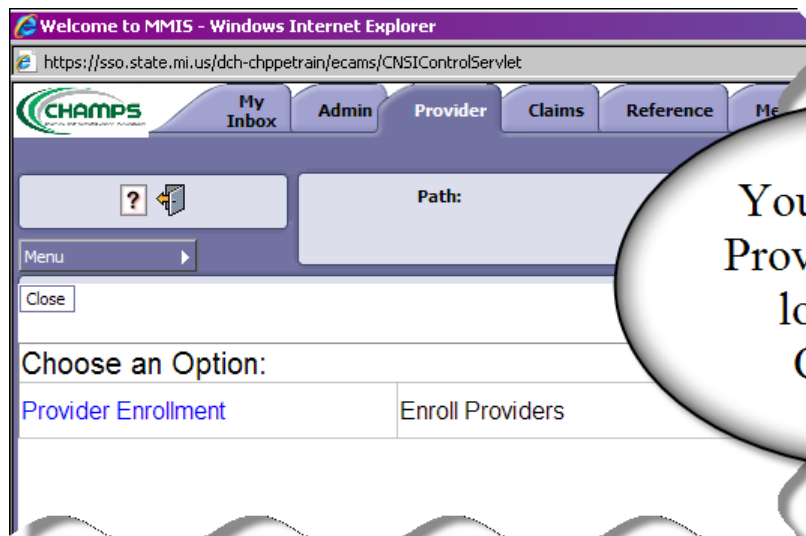
Once your request to access CHAMPS has been approved, you will see the application hyperlink on the MDCH Application Portal web page after you log into the SSO website.

1. Click on the CHAMPS hyperlink.





2. You will see the Provider tab and the available option(s).



You will see the
Provider tab after
logging into
CHAMPS



LESSON 2 – PROVIDER TAB OVERVIEW



LESSON 2 – PROVIDER TAB OVERVIEW

Introduction

The Provider Tab on the CHAMPS Webpage gives you options for interacting with Provider enrollment applications and Provider Records. Please note that you may not have privileges in CHAMPS to access all of the options described in this lesson.

Lesson Objectives

In this lesson, you will become familiar with the Provider Tab on the CHAMPS Webpage. You will:

- Access the Provider Tab
- Access the Provider Enrollment hyperlink

Lesson Topics

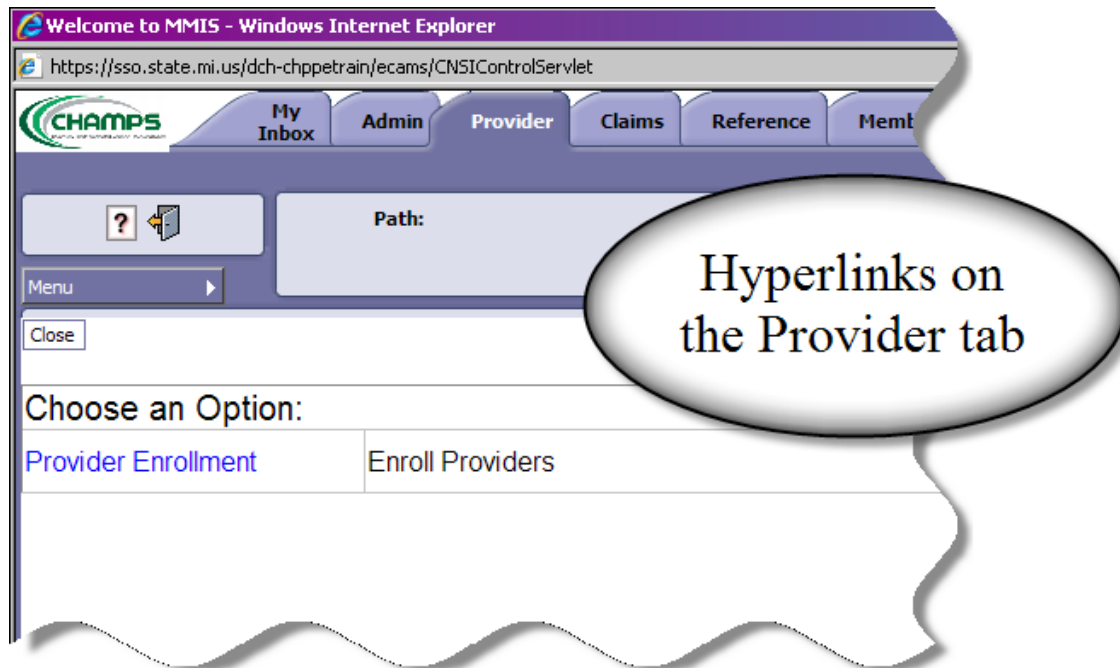
- Topic A – The Provider Tab
- Topic B – The Provider Enrollment Hyperlink



TOPIC A

The Provider Tab

When you click the tab labeled Provider, you will see a page with hyperlinks on it.



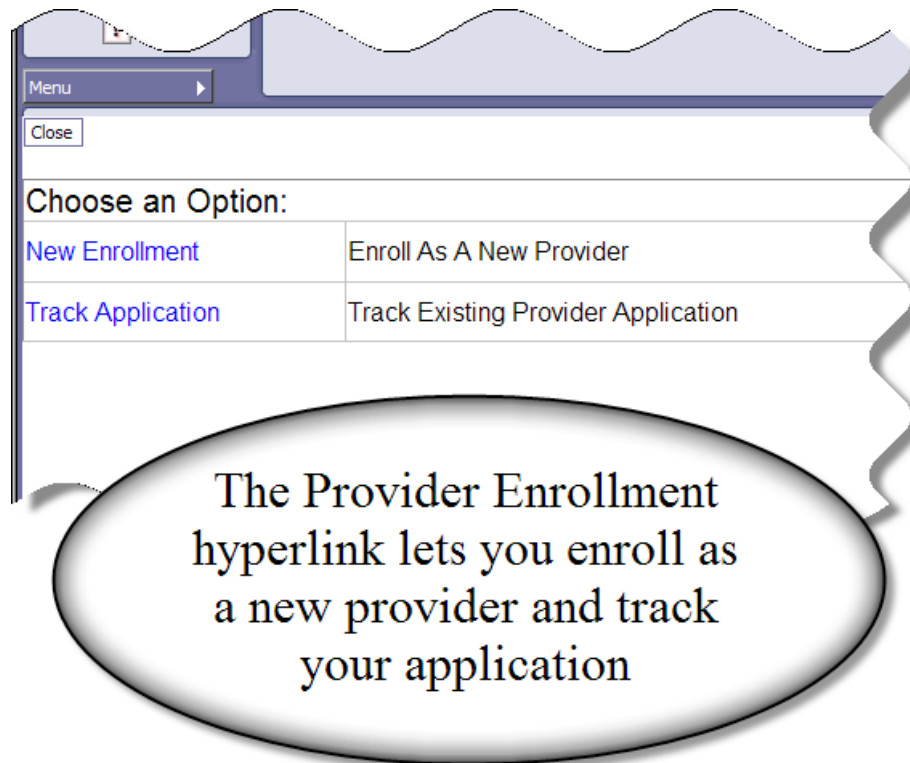
- Clicking the hyperlink labeled **Provider Enrollment** gives you options to begin a new application or track an existing application.



TOPIC B

The Provider Enrollment Hyperlink

Clicking the Provider Enrollment hyperlink takes you to a page with two (2) hyperlinks on it.



- Click the **New Enrollment** hyperlink to start the enrollment process as a new provider.
- The **Track Application** hyperlink allows you to modify an enrollment application before it is submitted. You will need your Application ID number to use this function. Applications have to be submitted within thirty (30) calendar days of their start date or they are deleted from the staging area.



LESSON 3 – ENROLL AS INDIVIDUAL – RENDERING / SERVICING



LESSON 3 – ENROLL AS INDIVIDUAL – RENDERING / SERVICING

Introduction

An Individual/Sole Proprietor with an Applicant Type of Rendering/Servicing is a provider who provides services through a Group, Facility / Agency / Organization (FAO), or an Individual/Sole Proprietor. A Rendering/Servicing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this provider submits claims and receives payments for the Rendering/Servicing provider.

Lesson Objectives

In this lesson, you will learn how to enroll as an Individual – Rendering / Servicing provider. You will:

- Begin the enrollment process
- Add Basic Provider Information
- Add Specialties and Subspecialties
- Associate a Billing Provider
- Add Licenses and Certifications
- Add Ownership details
- Add Taxonomy details
- Complete the Enrollment Checklist
- Modify an application prior to submitting
- Submit the Enrollment Application

Lesson Topics

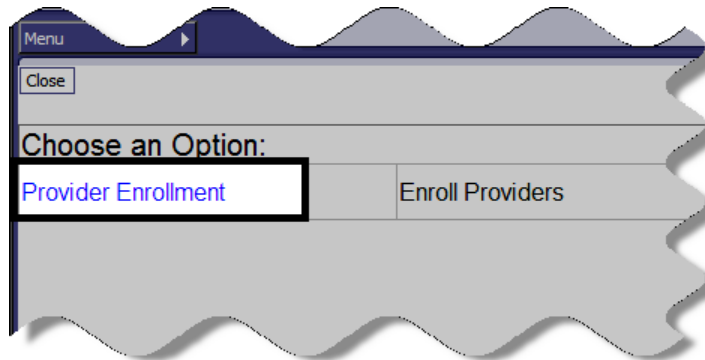
- Topic A – Begin Enrollment
- Topic B – Specialties and Subspecialties
- Topic C – Billing Provider
- Topic D – Licenses and Certifications
- Topic E – Ownership
- Topic F – Taxonomy
- Topic G – Enrollment Checklist
- Topic H – Modify Application in Process
- Topic I – Submit Application



TOPIC A

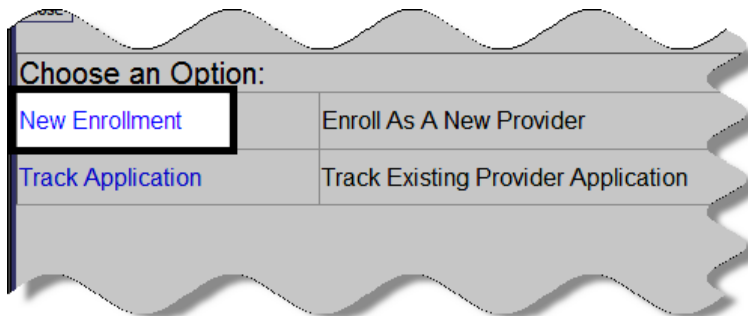
Begin Enrollment

1. From the Provider tab, click the Provider Enrollment hyperlink.



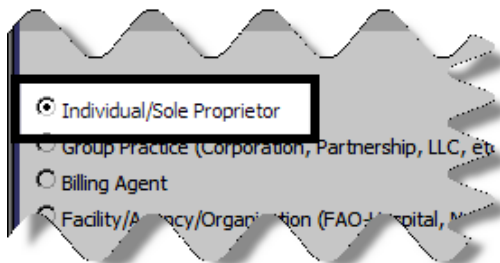
Click Provider
Enrollment
hyperlink

2. Click the New Enrollment hyperlink to begin a new enrollment application.



Click New
Enrollment
hyperlink

3. You will see the Enrollment Type selection page. Select Individual/Sole Proprietor.



Select
Individual/Sole
Proprietor



4. Click the button.
5. You will see the Basic Information page. Complete the required fields, which are marked with an asterisk (*) and any desired optional fields.

Basic Information: Enter required fields and click Confirm button

First Name: * Middle Initial:

Last Name: * Gender:

Suffix: * Provider Class:

SSN: * Applicant Type: * (Rendering/Service Only)

Date of Birth: *

NPI: * Contact Email Address:

Enrollment Effective Date:

Provider Basic Information page


Finish Cancel

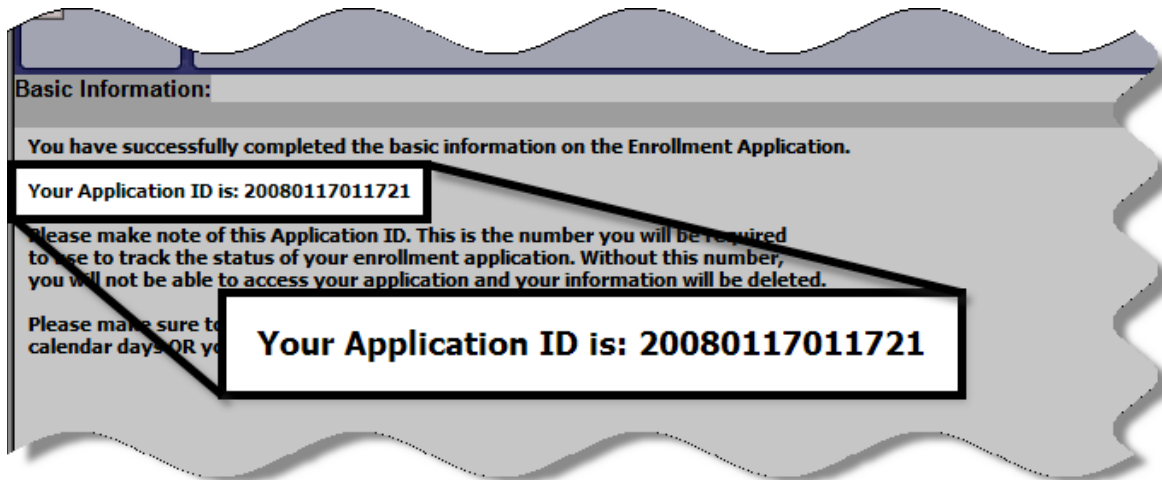
Page 1 of 1 BasicInformationStep1(Provider)

NOTE: Ensure you select Rendering/Service Only for the Applicant Type.

6. Click the button.



7. CHAMPS creates an Application ID. Record the Application ID number, as you will need this number to track your application. Click the  button to close the window.



Basic Information:

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: 20080117011721

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to save your application within 14 calendar days OR you will lose your application.

Your Application ID is: 20080117011721

Record the
Application ID
number



8. The Business Process Wizard page appears with Step 1: Provider Basic Information now marked with a status of Complete. If it not complete, click the Step 1: Provider Basic Information hyperlink and finish entering details.

Enroll Prov...

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Status Column

Step	Required	Start Date	End Date	Status	Step Rem
Step 1: Provider Basic Information	Required	03/07/2008	03/07/2008	Complete	
Step 2: Add Specialties	Required			Incomplete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Associate Licenses and Certifications					

Step 1: Provider
Basic Information
marked complete

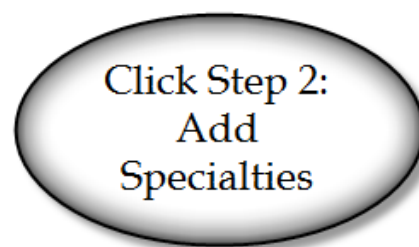
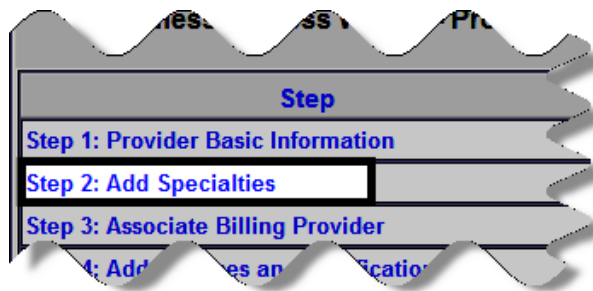


TOPIC B

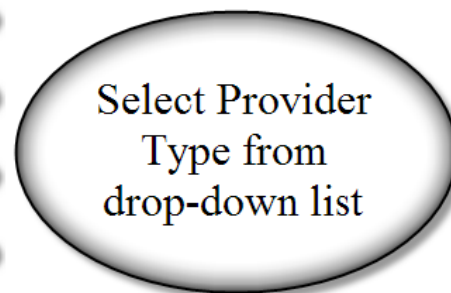
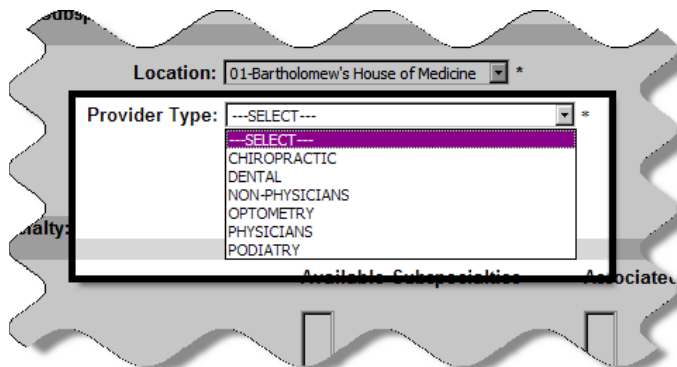
Specialties and Subspecialties

After completing the Basic Information, you now need to add Specialties and Subspecialties.

1. Click the Step 2: Add Specialties hyperlink.



2. You will see the Specialty / Subspecialty List page. Click the **Add** button near the top of the page to add a specialty.
3. Click the Provider Type drop-down list and select an option. The Specialty drop-down list will automatically populate with choices based on the Provider Type selected.






- Click the Specialty drop-down list and make a selection.

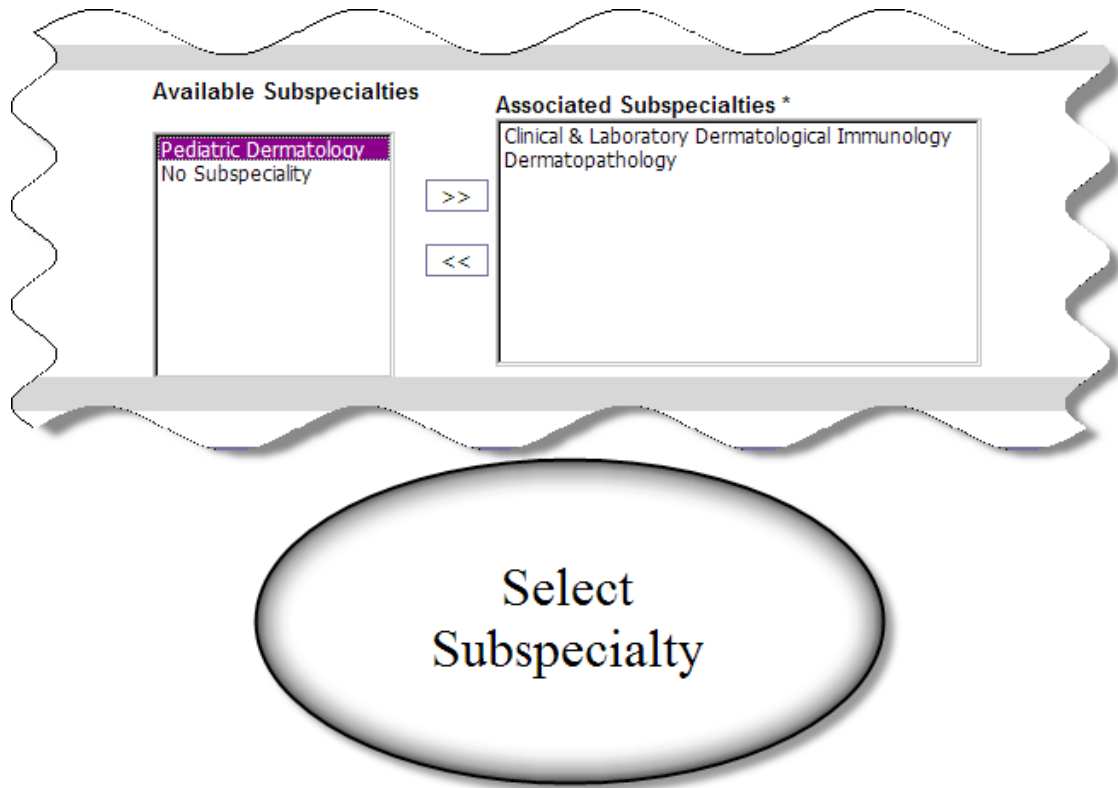
The screenshot shows a software window with a 'Specialty' drop-down menu open. The menu lists various medical specialties. To the left of the menu, there are labels for 'Provider Type: PHYSICIANS', 'End Date:', and 'Specialty:'. At the bottom left, there is a button labeled 'AddSpecialties(Provider)'.

Specialty
---SELECT---
Addiction Medicine
Allergy & Immunology
Anesthesiology
Cat Scan
Colon & Rectal Surgery
Dermatology
Emergency Medicine
Family Medicine
General Practice
Internal Medicine
Lithotripter
MRI
Manipulative Medicine
Maxillofacial Surgery
Medical Genetics
Neurological Surgery
Neuromusculoskeletal Medicine
Nuclear Medicine
Obstetrics & Gynecology
Occupational Medicine
Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology
Pediatrics
Peripheral Vascular Disease
Physical Medicine & Rehabilitation
Plastic Surgery
Preventive Medicine

Select Specialty
from drop-down
list



5. If there are Subspecialties associated with the Specialty you selected, the Available Subspecialties box will be populated with choices associated with that Specialty. Select a Subspecialty from the list and click the  button to add.



Available Subspecialties		Associated Subspecialties *
Pediatric Dermatology	>> <<	Clinical & Laboratory Dermatological Immunology
No Subspecialty		Dermatopathology

Select Subspecialty

6. If there are no Subspecialties associated with the Specialty, the No Subspecialty option will automatically be selected for you.
7. Complete the required fields (marked with an asterisk) and any desired optional fields.



8. Click the button to close the Add Specialty / Subspecialty window. The Specialty / Subspecialty List page appears and now lists the added information.

<input type="checkbox"/>	Specialty / Subspecialty	Provider To
<input type="checkbox"/>	Dermatology/Clinical & Laboratory Dermatological Immunology	PHYSICIANS
<input type="checkbox"/>	Dermatology/Dermatopathology	PHYSICIANS
<input type="button" value="Delete"/> <input type="button" value=" << Prev"/> Viewing Page 1 <input type="button" value="Next >>"/> <input type="text" value="1"/> <input type="button" value="Go"/> <input type="button" value="Page Count"/> <input type="button" value="SaveToXLS"/>		

Updated Specialty / Subspecialty List

9. Click the button to close the Specialty / Subspecialty page. You will see the Business Process Wizard with Step 2: Add Specialties be marked Complete. If it is not complete, click the Step 2: Add Specialties hyperlink to finish entering details.

Step	Required	Start Date	End Date	Status	
Step 1: Provider Basic Information	Required	03/07/2008	03/07/2008	Complete	
Step 2: Add Specialties	Required	03/07/2008	03/07/2008	Complete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Associate Billing Provider	Required			Incomplete	Please add...

Step 2: Add Specialties marked Complete



TOPIC C

Billing Provider

Now that you have added your Specialties, you need to associate a Billing Provider to your enrollment application.

1. Click the Step 3: Associate Billing Provider hyperlink.



2. You will see the Billing Provider List page. Click the button near the top of the page.



3. You will see the Associate Billing Provider page. Fill in the NPI field and the Start Date field.

? Application ID: 20080123939976 Name: Bartholomew

Associate Billing Provider:

Enter NPI of Billing Provider and click "Confirm Provider".

NPI: * Provider Name:

Start Date: * End Date:

Confirm Provider OK Cancel

Enter NPI and
Start Date

4. Click the button.
5. Click the button to close the Associate Billing Provider page.



6. You will see the Billing Provider List page appear with the added information.

Billing Provider
List is updated

7. Click the [Close](#) button to return to the Business Process Wizard. You will see Step 3: Associate Billing Provider now marked as Complete. If it is not complete, click the Step 3: Associate Billing Provider hyperlink and finish entering details.

	Required	Start Date	End Date	Complete	
Step 1: Provider Basic Information	Required	03/07/2008	03/07/2008	Complete	
Step 2: Add Specialties	Required	03/07/2008	03/07/2008	Complete	
Step 3: Associate Billing Provider	Required	03/07/2008	03/07/2008	Complete	
Step 4: Add Licenses and Certifications	Required			Incomplete	Please

Step 3: Associate
Billing Provider
marked Complete

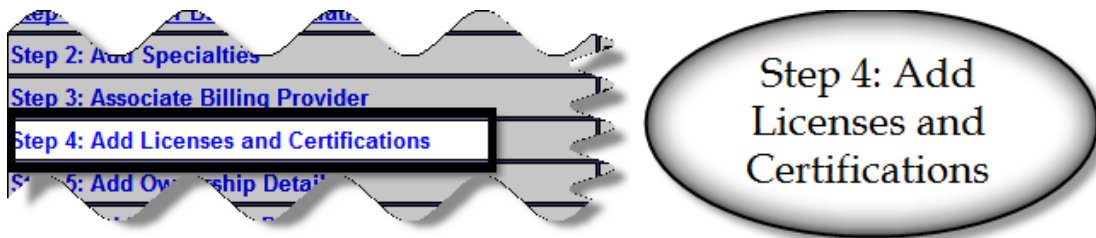


TOPIC D

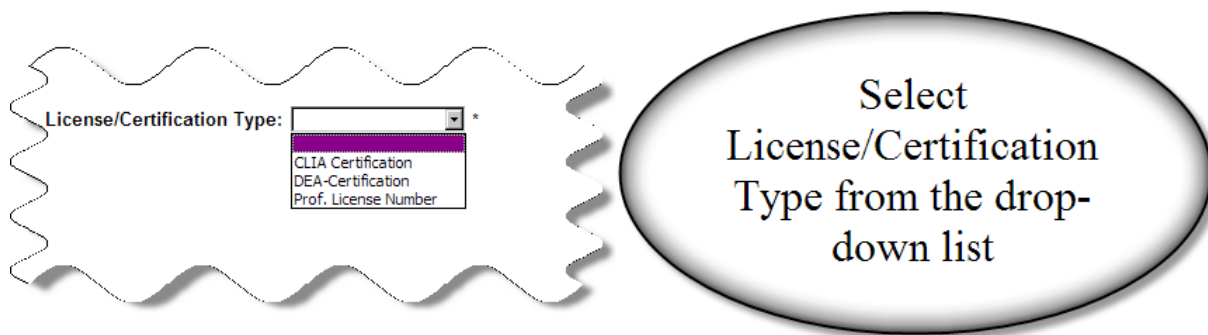
Licenses and Certifications

The next thing you need to do is add your License and Certification information.

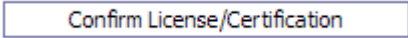

1. Click the Step 4: Add Licenses and Certifications hyperlink.

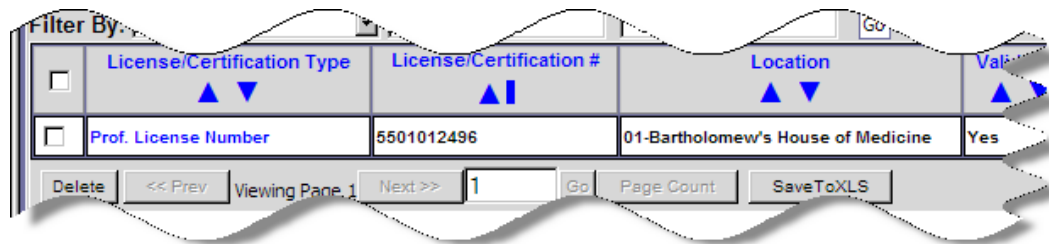


2. You will see the License / Certification List page. Click the button near the top of the page.
3. You will see the Add License / Certification page. Select an option from the License / Certification Type drop-down menu.





4. Complete the remaining required fields (marked with an asterisk) on the page and click the  button.
5. Click the  button to close the Add License/Certification page.
6. You will see the License/Certification List page appear with the added information.



<input type="checkbox"/>	License/Certification Type	License/Certification #	Location	Valid
<input type="checkbox"/>	Prof. License Number	5501012496	01-Bartholomew's House of Medicine	Yes

Delete << Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

License
Certification List
updated



7. Click the button to return to the Business Process Wizard. You will see Step 4: Add Licenses and Certifications marked Complete. If it is not marked complete, click the Step 4: Add Licenses and Certification hyperlink and finish entering details.

Step 2: Add Specialties	Required	03/07/2008	03/07/2008	Complete
Step 3: Associate Billing Provider	Required	03/07/2008	03/07/2008	Complete
Step 4: Add Licenses and Certifications	Required	03/07/2008	03/07/2008	Complete
Step 5: Add Ownership Details	Optional			Incomplete
Step 6: Add Economy Details				Incomplete

Step 4: Add Licenses
and Certifications
marked Complete

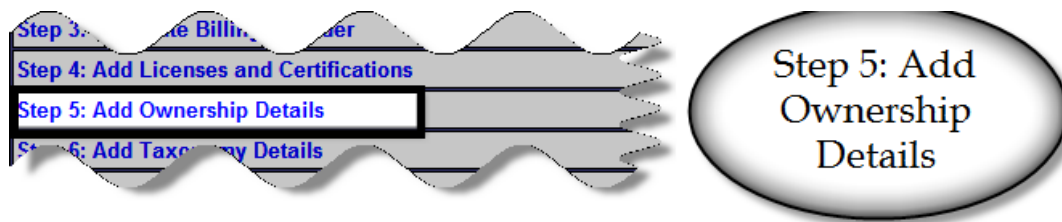


TOPIC E

Ownership

The next step you need to complete is to add ownership details to your enrollment application.

1. Click the Step 5: Add Ownership Details hyperlink.





2. You will see the Owners List page appear. On it will be two sections. The top section allows you to list those properties you own completely. The bottom section allows you to list your ownership interests in other entities reimbursable by Medicaid and/or Medicare.

Owner SSN/EIN/TIN	Owner Information	Owner Type	Start Date	End Date
999-99-9930	Bartholomew, Bart	Individual	01/23/2008	12/31/2999

Entity EIN/TIN	Legal Entity Name	Entity Address
----------------	-------------------	----------------

No Records Found !

Owners List page: Note
the two (2) different
sections



3. If you have no other Owned Entities, click the button to return to the Business Process Wizard, where you will see Step 5: Add Ownership Details now marked complete.

Step 3: Associate Provider	Required	03/07/2008	03/07/2008	Complete
Step 4: Add Licenses and Certifications	Required	03/07/2008	03/07/2008	Complete
Step 5: Add Ownership Details	Optional	03/07/2008	03/07/2008	Complete
Step 6: Add Taxonomy Details	Required			Incomplete
Step 7: Complete Enrollment	Required			Incomplete

Step 5: Add Ownership Details marked Complete

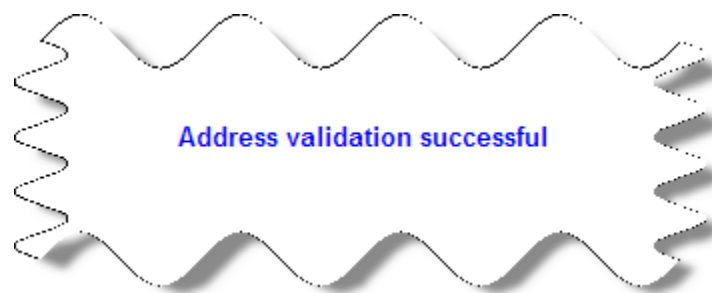
4. If you need to add information about other entities, click the button.

NOTE: You only need to include those entities in which you own 5% or more of the entity.



5. You will see the Ownership in Other Medicaid/Medicare Entities page appear. Complete the Address Line 1 field and the Zip Code field. Click the **Validate Address** button.

If CHAMPS recognizes the address, you will see a message appear in the middle of the page indicating “Address validation successful.” CHAMPS will also automatically format the address and zip code as well as populate the City/Town and County fields according to USPS standards.



6. Complete the remaining required fields (marked with an asterisk) and any desired optional fields.



7. Click the button to return to the Owners List page where you will see the added information in the lower part of the screen.

The screenshot shows a web application interface for listing ownership interests. At the top, there's a header "List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare." Below this is a "Filter By:" section with a dropdown menu and a "Go" button. The main table has three columns: "Entity EIN/TIN", "Legal Entity Name", and "Entity Address". A single row is displayed with the following data: Entity EIN/TIN: 999-99-9030, Legal Entity Name: Bartholomew's House of Medicine, Entity Address: 2200 Springport Rd, Jackson, Michigan 49202. At the bottom of the table, there are navigation buttons: "Delete", "<< Prev", "Viewing Page 1", "Next >>", "Go", "Page Count", and "SaveToXLS".

Added information
in lower section of
page

8. Click the button to return to the Business Process Wizard. Step 5: Add Ownership Details is now marked Complete. If it is not complete, click the Step 5: Add Ownership Details hyperlink to finish adding details.

Step 3: Associate Provider	Required	03/07/2008	03/07/2008	Complete
Step 4: Add Licenses and Certifications	Required	03/07/2008	03/07/2008	Complete
Step 5: Add Ownership Details	Optional	03/07/2008	03/07/2008	Complete
Step 6: Add Taxonomy Details	Required			Incomplete
Step 7: Complete Enrollment	Required			Incomplete

Step 5: Add
Ownership Details
marked Complete

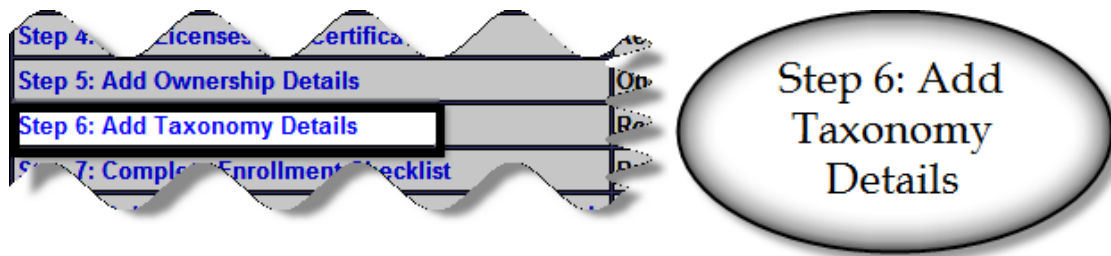


TOPIC F

Taxonomy


You now need to add your Taxonomy details.

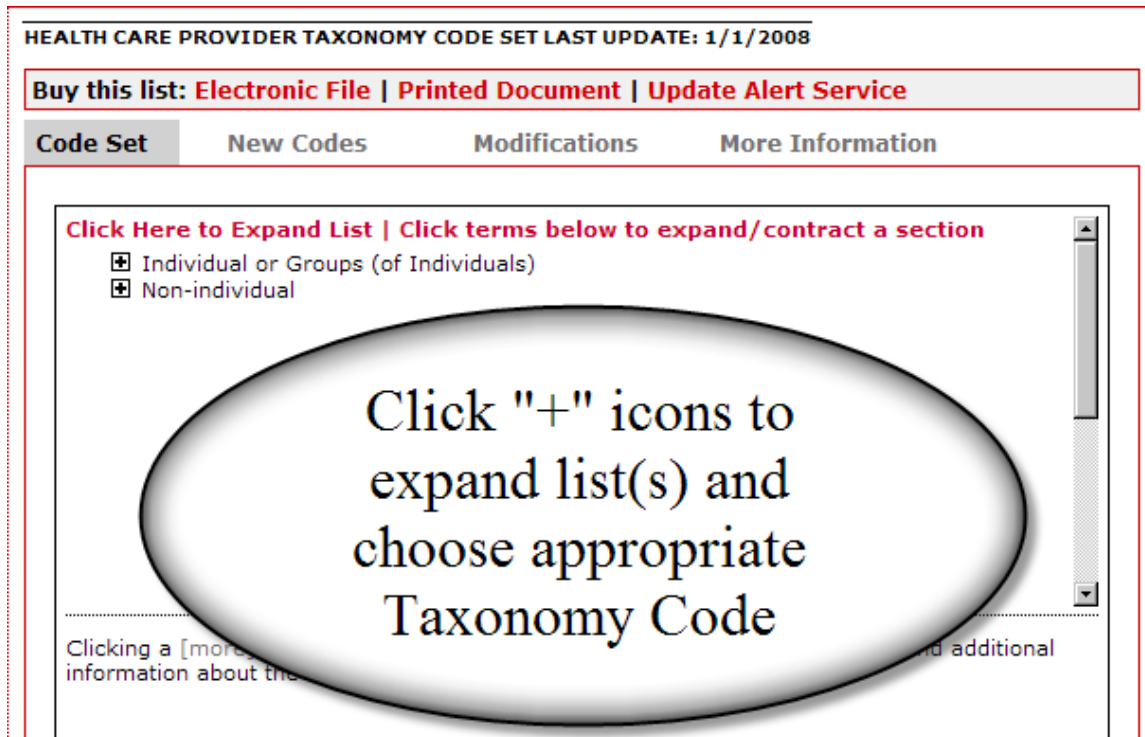
1. Click the Step 6: Add Taxonomy Details hyperlink.



2. You will see the Taxonomy List page. Click the button near the top of the page.
3. You will see the Add Taxonomy page. If you know your Taxonomy Code, enter the information in the **Taxonomy Code:** field and click the button.



- If you do NOT know your Taxonomy Code, click the thin arrow to the left of the note  (Click here for Taxonomy List) next to the Taxonomy Code field. You will see a pop-up webpage with a list of Taxonomy Codes.



- Find the appropriate Taxonomy Code on the page. You can either write down the code from this page and type it into the field on the Add Taxonomy page or you can highlight the code in the list, copy the information, and paste it into the **Taxonomy Code:** field on the Add Taxonomy page.
- Click the button to fill in the CHAMPS Taxonomy Description.
- Fill in the **Start Date:** * field with the current calendar date and, if necessary, fill in the Taxonomy End Date with the End Date of the Primary Practice Location.



8. Click the button to return to the Taxonomy List page, where you will now see the added information.

Taxonomy Code	Description	Effective Date
208D00000X	General Practice	01/24/2008

Taxonomy List
page displays
added information

9. Click the button to return to the Business Process Wizard. Step 6: Add Taxonomy Details is now marked as Complete. If it is not complete, click the Step 6: Add Taxonomy Details hyperlink to finish entering details.

Step 4: Add Licenses and Certifications	Required	03/07/2008	03/07/2008	Complete
Step 5: Add Ownership Details	Optional	03/07/2008	03/07/2008	Complete
Step 6: Add Taxonomy Details	Required	03/07/2008	03/07/2008	Complete
Step 7: Complete Enrollment Checklist	Required			Incomplete

Step 6: Add
Taxonomy Details
marked Complete

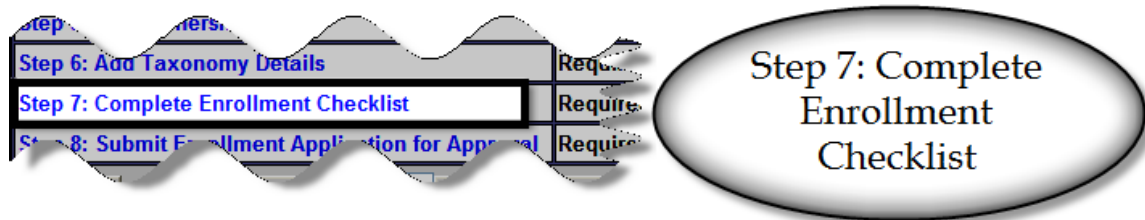


TOPIC G

Enrollment Checklist

You now need to complete the enrollment checklist. This is a list of Yes/No questions for you to answer.

1. Click the Step 7: Complete Enrollment Checklist hyperlink.



2. You will see the Provider Checklist page. Read each question on the page.

20080123939976 Name: Bar

Menu

Close Save

Provider Checklist:

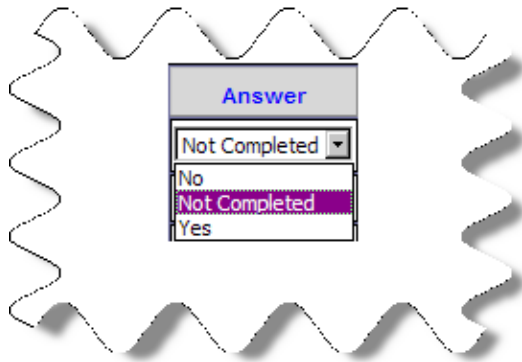
Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed	
Are you currently excluded from any State program?	Not Completed	
Are you currently excluded from any Federal program?	Not Completed	
Have you ever had a criminal or health-related conviction?	Not Completed	
Have you ever had a judgment under any false claims act?	Not Completed	
Have you ever had a program exclusion/debarment?	Not Completed	
Have you ever had civil monetary penalty?	Not Completed	
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	Not Completed	
Do you have ownership interest in other entities reimbursed by Medicare? If Yes, provide details in "Add Ownership" field.	Not Completed	

Page 1 of 1 ProviderCheckList(Provider)

Server Time: 01/24/2008 02:35:36

Complete each question on the Provider Checklist

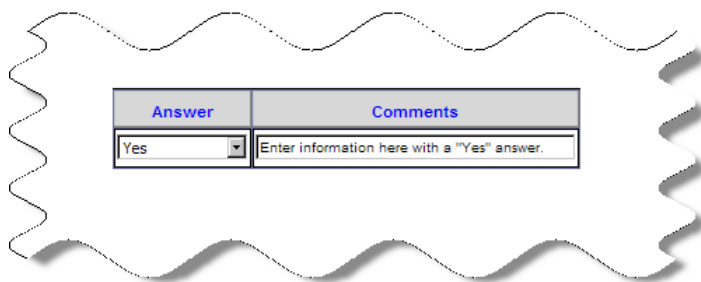
3. Select either Yes or No in the Answer drop-down menu.



A screenshot of a web form showing a drop-down menu labeled "Answer". The menu is open, displaying four options: "Not Completed", "No", "Not Completed", and "Yes". The "Not Completed" option is highlighted in purple.


Select an
answer from
the drop-down
list

4. If you answer Yes to any but the last two (2) questions, you **MUST** provide additional information in the Comments field.



A screenshot of a web form showing two fields: "Answer" and "Comments". The "Answer" field is a drop-down menu with "Yes" selected. The "Comments" field is a text box with the placeholder text "Enter information here with a 'Yes' answer."

Provide comments
for "Yes" answers to
any but the last two
(2) questions

5. After you answer all of the questions, click the  button.



6. Click the button to return to the Business Process Wizard, where you will see Step 7: Complete Enrollment Checklist marked Complete. If it is not complete, click the Step 7: Complete Enrollment Checklist and finish entering details.

Step 5: Add Ownership Details	Optional	03/07/2008	03/07/2008	Complete
Step 6: Add Taxonomy Details	Required	03/07/2008	03/07/2008	Complete
Step 7: Complete Enrollment Checklist	Required	03/07/2008	03/07/2008	Complete
Step 8: Submit Enrollment Application for Approval	Required			Incomplete

Step 7: Complete
Enrollment
Checklist marked
Complete



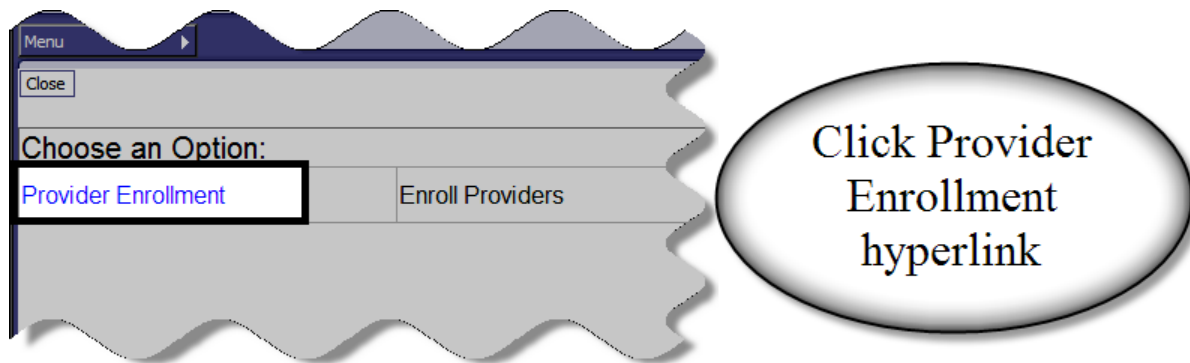
TOPIC H

Modify Application in Process

After you start the enrollment process, you have thirty (30) calendar days to complete your application. If you do NOT complete your application within thirty (30) calendar days of the original start date, your information will be deleted and you will have to start again.

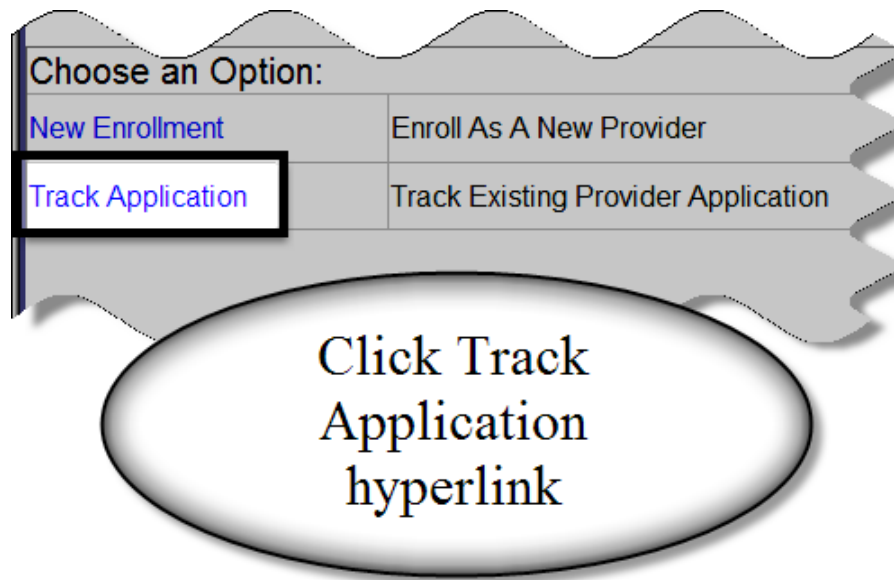
If you are unable to complete the application process, you have the ability to return to an enrollment application, as long as it is within thirty (30) calendar days of the original start date.

1. To modify an existing enrollment application that has NOT been submitted, click the Provider Enrollment hyperlink on the Provider tab.





2. Click the Track Application hyperlink.



3. Enter your Provider Application ID number into the **Application ID:** * field.
4. Press the button.



5. The Business Process Wizard will appear. Click any of the Step hyperlinks to continue the application process or to edit any Steps as needed.

Enroll Provider Individual:

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remainder
Step 1: Provider Basic Information	Required	03/07/2008	03/07/2008	Complete	
Step 2: Add Specialties	Required	03/07/2008	03/07/2008	Complete	
Step 3: Associate Billing Provider	Required	03/07/2008	03/07/2008	Complete	
Step 4: Add Licenses and Certifications	Required	03/07/2008	03/07/2008	Complete	
Step 5: Add Ownership Details	Optional	03/07/2008	03/07/2008	Complete	
Step 6: Add Taxonomy Details	Required	03/07/2008	03/07/2008	Complete	
Step 7: Complete Enrollment Checklist	Required	03/07/2008	03/07/2008	Complete	
Step 8: Submit Enrollment Application for Approval	Required	03/07/2008	03/07/2008	Complete	

Page ID: --PPW[IndividualStart(Provider)] Environment: MAT (Build: 1.10) Server Time: 03/07/2008 10:00:00 AM EST

Click any of the Step
hyperlinks to make
changes



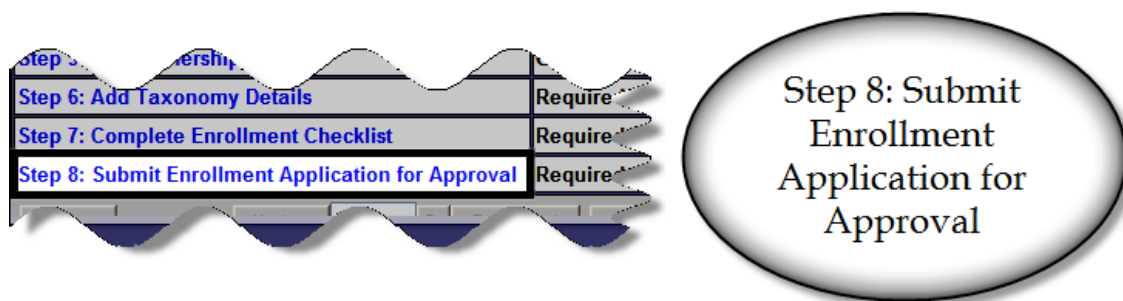
TOPIC I

Submit Application

After you have completed all of the required steps on the Business Process Wizard, your enrollment application is ready to be submitted.

NOTE: Once you submit your enrollment application to the State for approval, you will **NOT** be able to make any changes to the information in your application until it has been approved.

1. Click the Step 8: Submit Enrollment Application for Approval hyperlink.





2. You will see the Final Submission page. On it will be your Application ID number and your Enrollment Type. There is a brief statement on this page that you will need to read.

A screenshot of a web application window titled "Final Submission". The window has a purple header bar with a "Menu" button and a right-pointing arrow. Below the header, there are "Close" and "Next" buttons. The main content area displays the following information:
Application ID: 20080123939976 **Enrollment Type:** Individual/Sole Proprietor

The information submitted for enrollment shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).
Below the screenshot, a large, light-gray oval with a black border contains the text: "Final Submission page with statement to be read".

3. Click the button.



4. You will see the Medical Assistance Provider Enrollment & Trading Partner Agreement – Conditions page. Read through this information carefully.

Close Submit Application...ing the Terms and Conditions be sur... agreement box located at the end of...

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions:

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department of Community Health (MDCH) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee... MDCH managed care programs nor does it replace or negate the contract... process between a managed care entity and its provider.
3. All information furnished on this Medical Assistance... is true and complete.
4. The applicant and the employer agree... State Health Care Programs (Title XVIII), Medicaid (Title XIX), and other...
5. Before billing for any medical service... agree to comply with 1) the terms... Program contained in the manual, and 2) the procedures for the Medical Assistance...
6. I agree to comply with the provisions... requirements under which participation... which state the conditions and...
7. I agree to comply with the requirements of Section 1902 (a)(68) of the Social Security Act which relates to the conditions and requirements of "Employment... that, upon request and at... and place, I will... federal government agents... and/or take any...

Read through information on the Agreement - Conditions page

5. At the bottom of the page, after you have read the information, click the box in front of the statement that reads, “By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.”

☐ **By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.**

Check the box when finished reading the Agreement - Conditions page



6. Click the button at the top of the page.
7. You will see a pop-up message indicating your application was successfully submitted for State review. Click the OK button to close the pop-up message.



Click OK to close
the message window

8. Click the button to return to the Business Process Wizard, where you will see Step 8: Submit Enrollment Application for Approval marked as Complete. If it is not complete, click the Step 8: Submit Enrollment Application for Approval hyperlink to finish entering details.

Step 6: Add Taxpayer Details	Required	03/07/2008	03/07/2008	Complete
Step 7: Complete Enrollment Checklist	Required	03/07/2008	03/07/2008	Complete
Step 8: Submit Enrollment Application for Approval	Required	03/07/2008	03/07/2008	Complete

Step 8: Submit
Enrollment Application
for Approval marked
Complete



LESSON 4 – MANAGE PROVIDER RECORD



LESSON 4 – MANAGE PROVIDER RECORD

Introduction

Once your enrollment application has been approved by MDCH it becomes your Provider Record. Your Provider Record can be changed if you need to add new information (like a new Specialty) or if you need to edit the existing information (like your Mode of Claim Submission).

Any changes you make to your Provider Record will be submitted to the State as a Modification Request. If you submit a Modification Request to the State, you will be unable to make changes to your Provider Record until the request has been approved.

Lesson Objectives

In this lesson you will learn how to manage your Provider Record and submit Modification Requests. You will:

- Select a domain
- Access the Provider Portal
- Manage a Provider Record
- Submit a Modification Request

Lesson Topics

- Topic A – Selecting a Domain
- Topic B – Provider Portal Overview
- Topic C – Manage Provider Record
- Topic D – Submit Modification Request



TOPIC A

Selecting a Domain

Once your enrollment application has been approved by the State, the page you see when you log into CHAMPS will look different.

If you have more than one Provider Record to maintain, you will see a Domain selection page when you first log into the CHAMPS website.





To select a Domain, you will need to do the following:

1. Click on the Select the Domain drop-down menu and select a Provider/NPI from the list.

Select the Domain:

Bart Bartholomew - 2468024680
Jake Smith - 1234567890
Roger Rabbitt - 2345678901
Allen Baker - 3456789012

Select a Domain

2. Click on the Select a profile drop-down menu and select an option.

Select the Domain: Bart Bartholomew - 2468024680 *

Select a profile to use during this session: Provider *

Provider
Provider Domain Admin
Provider View Only

Go

Select a Profile

3. Click the button.



4. You will see the Provider Portal page.

CHAMPS
Community Health Automated Medicaid Processing System

Welcome Smith, Jake. Links: --Select--

Path: Provider Portal
NPI: 2000002923 Name: FAO Test for Approval 3

Menu

Provider Portal:

Online Services:

Provider Hide/Max
Track Application
Manage Provider Information
Initiate New Enrollment

Admin Hide/Max
Maintain Users

Provider Portal example

Welcome! Hide/Max

CHAMPS
Community Health Automated Medicaid Processing System

My Reminders:

Filter By: [dropdown] Go

	Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼

No Records Found !



TOPIC B

Provider Portal Overview

The Provider Portal page gives you a variety of options. This is the page you will see when you log into CHAMPS if you do NOT have more than one Provider Record to maintain.

NOTE: The hyperlinks described in this lesson may not be accessible to all users depending on their profiles in CHAMPS.

CHAMPS
Community Health Automated Medicaid Processing System

Welcome Smith, Jake. Links: --Select--

Path: Provider Portal
NPI: 2000002923 Name: FAO Test for Approval 3

Menu

Provider Portal:

Online Services: Hide/Max

- Provider Hide/Max
 - Track Application
 - Manage Provider Information
 - Initiate New Enrollment
- Admin Hide/Max
 - Maintain Users

Provider Portal example

CHAMPS
Community Health Automated Medicaid Processing System

My Reminders:

Filter By: [] Go

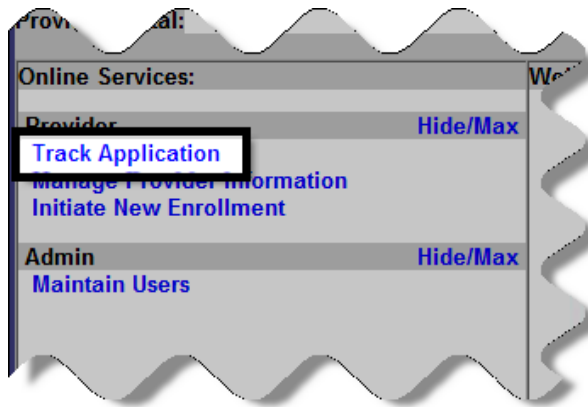
	Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼

No Records Found !

There are different hyperlinks on the Provider Portal.



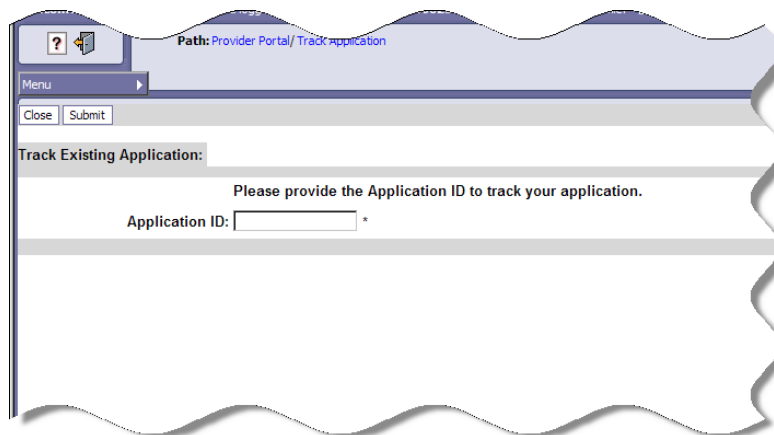
Track Application



Click Track
Application
hyperlink

Clicking the Track Application hyperlink takes you to a page that allows you to enter an Application ID to either track the progress of a submitted enrollment application or to continue with the completion of a non-submitted enrollment application.

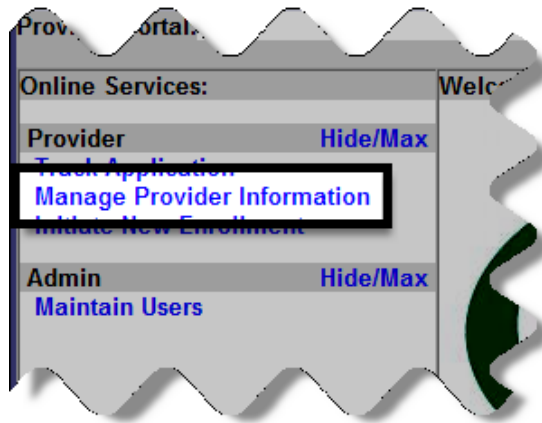
After clicking the Track Application hyperlink, you will see the Track Existing Application page.



Enter
Application ID

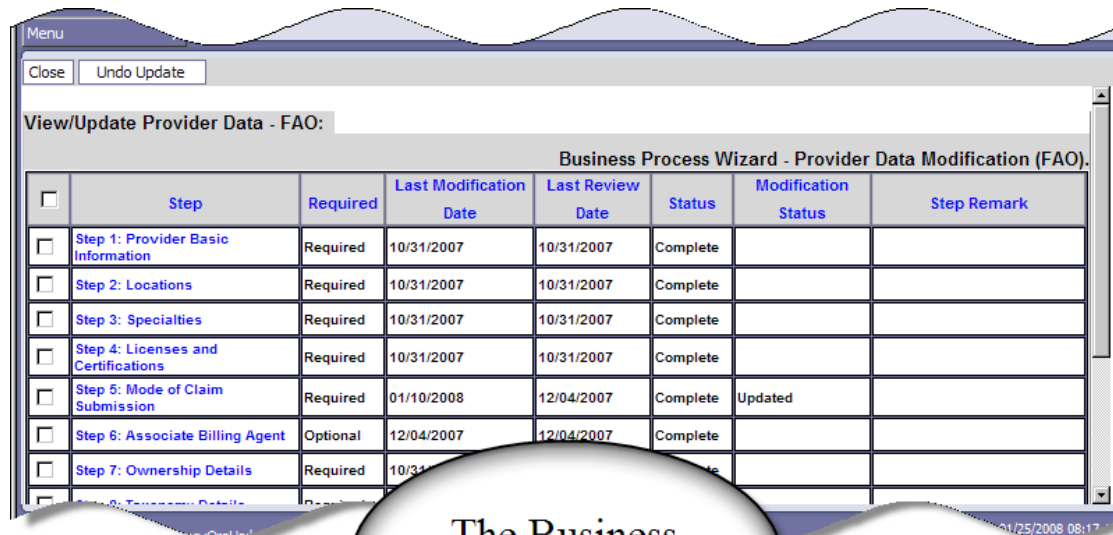


Manage Provider Information



Click Manage
Provider
Information
hyperlink

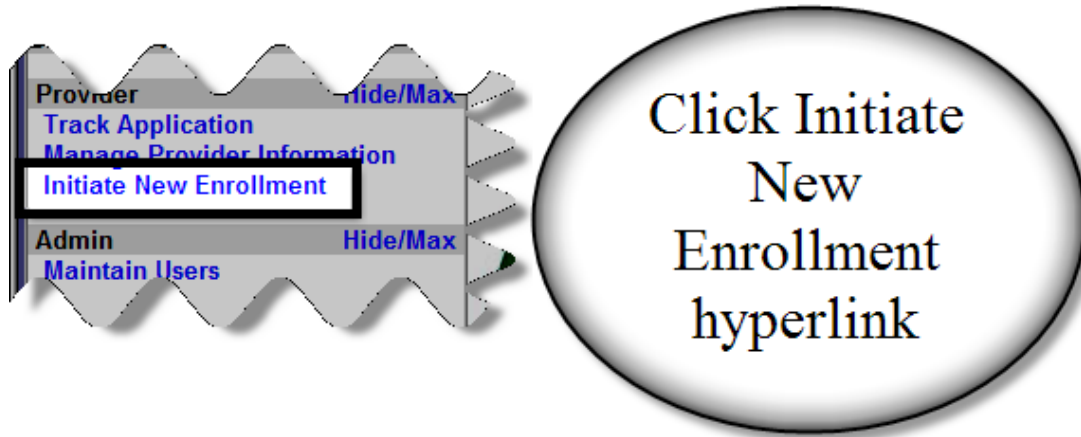
Clicking the Manage Provider Information hyperlink will take you to the Business Process Wizard for the Provider Record.



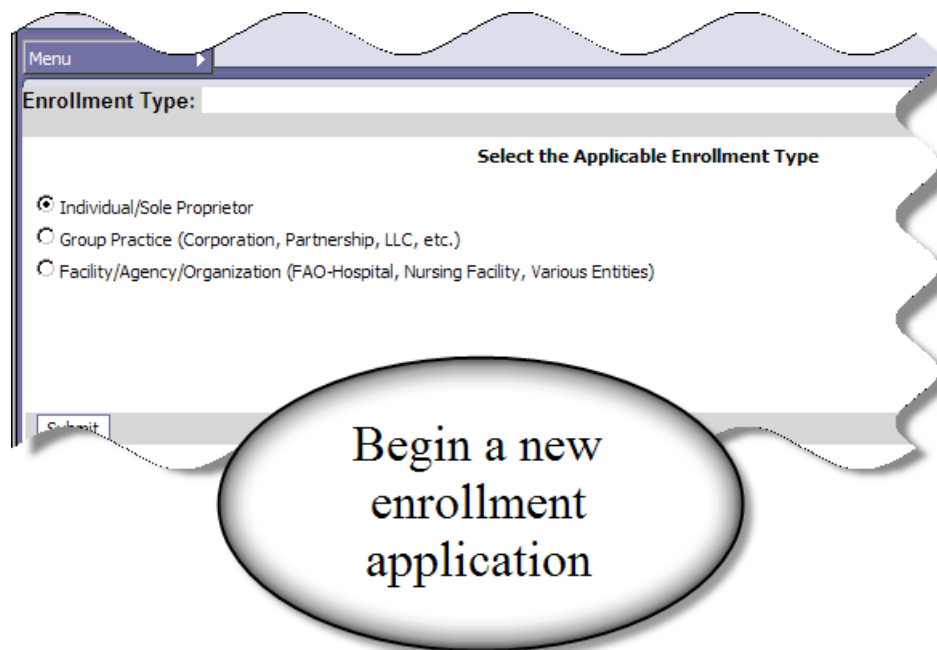
The Business
Process Wizard



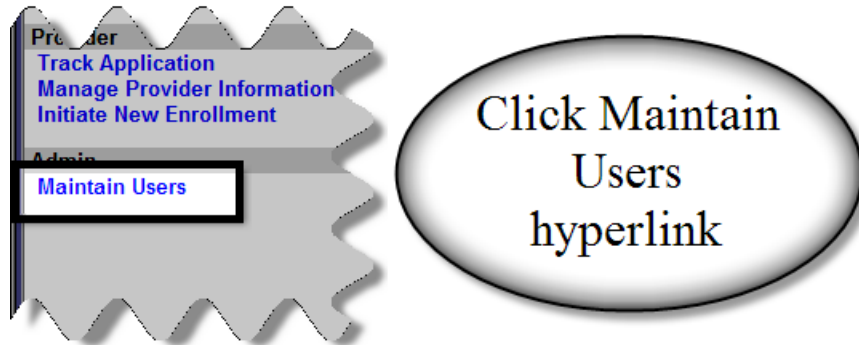
Initiate New Enrollment



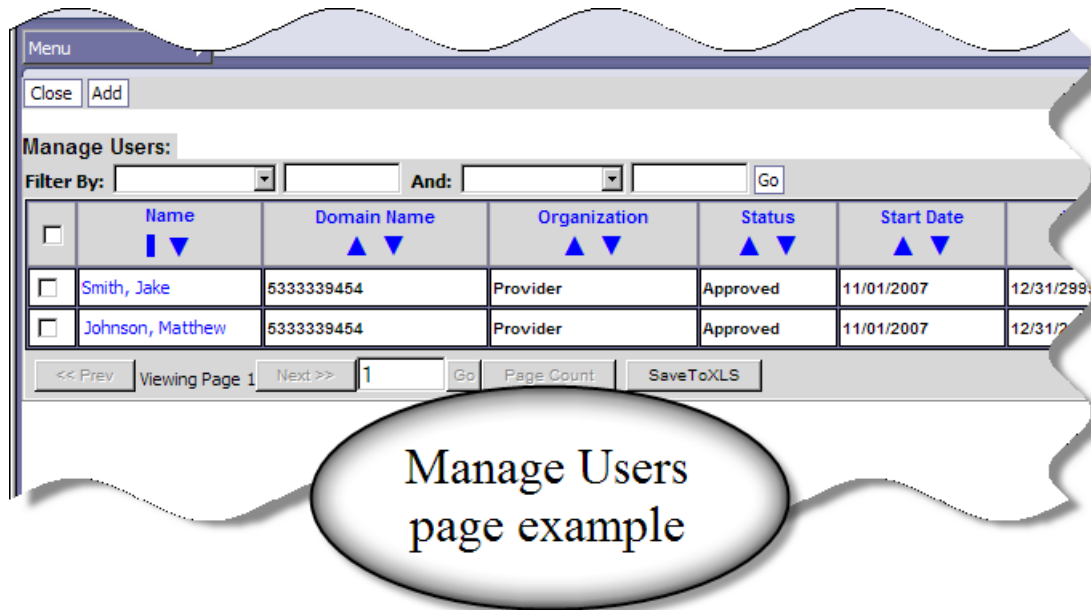
Clicking the Initiate New Enrollment hyperlink will take you to a page that allows you to start a new enrollment application for an Individual/Sole Proprietor, a Group Practice, or a Facility/Agency/Organization.



Maintain Users



Clicking the Maintain Users hyperlink will take you to the Manage Users page, where users are listed. Clicking the Name hyperlinks will allow you to make changes to user's access.





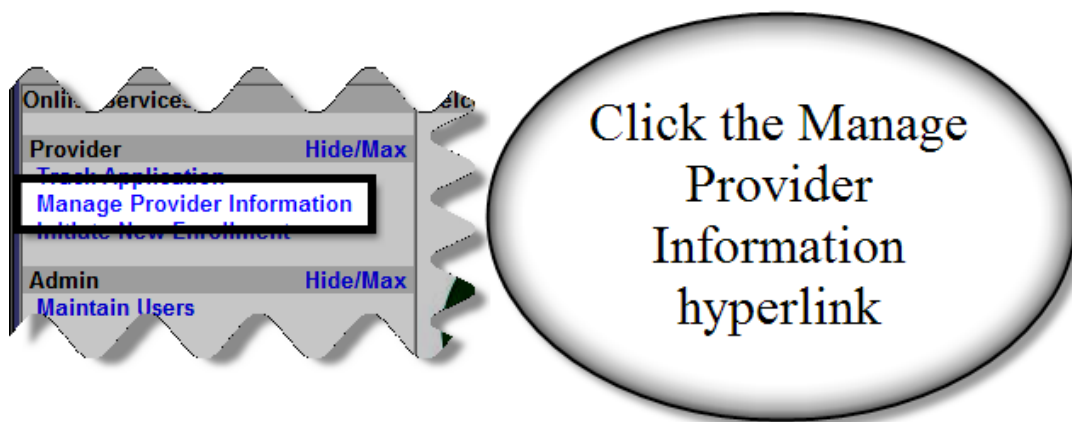
TOPIC C

Manage Provider Record

After your enrollment application has been accepted by the State, you have the ability to make changes to the information in your Provider Record.

NOTE: If you make a modification to your Provider Record and do NOT submit those changes within seven (7) calendar days, the system will delete or purge the changes.

1. Click the Manage Provider Information hyperlink.





2. You will see the Business Process Wizard for the Provider Record. Click on the Step hyperlink to make changes to the information on record.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	Step 2: Locations	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	Step 3: Specialties	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	Step 4: Licenses and Certifications	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	Step 5: Mode of Claim Submission	Required	01/10/2008	12/04/2007
<input type="checkbox"/>	Step 6: Associate Billing Agent	Optional	12/04/2007	12/04/2007
<input type="checkbox"/>	Step 7: Ownership Details	Optional	10/31/2007	10/31/2007

Click a Step
hyperlink to
make changes

3. You have the option to either end-date the current information (for example an association with a Billing Provider) or to alter the current information (for example your Mode of Claim Submission).



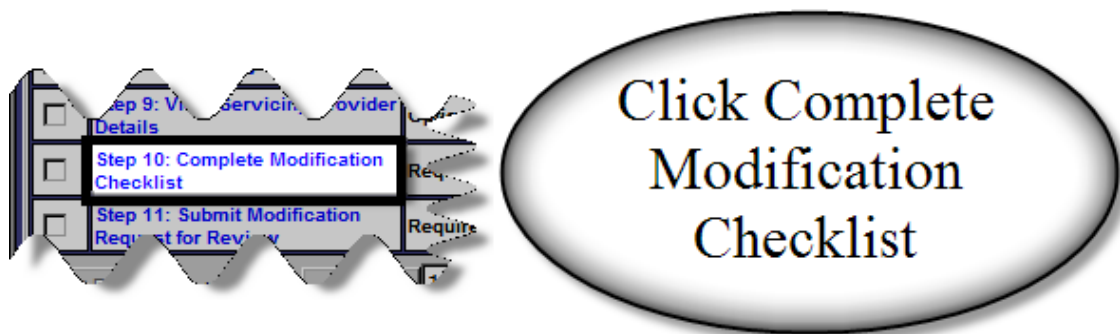
TOPIC D

Submit Modification Request

After you have made changes to the information in your Provider Record, you need to submit a modification request to the State for your information to be updated.

NOTE: When your modification request has been submitted to the State, you will only be able to view your Provider Record until those modifications have been approved by the State. You will also be unable to make any additional changes to your Provider Record until those modifications have been approved.

1. Click the Complete Modification Checklist hyperlink.





2. You will see the Manage Provider Checklist page with a list of questions. Answer the questions using the drop-down list for each.

Question	Answer
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Yes No Not Completed Yes
Do you accept new patients?	Yes No Not Completed Yes

Select an answer to each question

3. If you answer Yes to the question about “Retro Enrollment Date,” you need to provide additional information in the “Comments” section.

Answer	Comments
Yes No	

Provide additional information in Comments for Yes answer



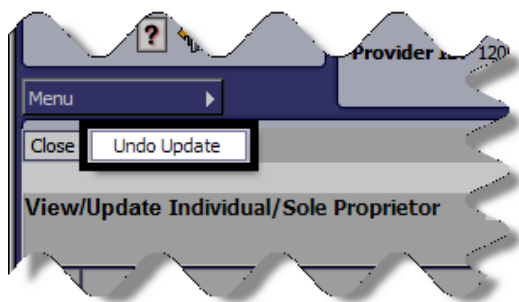
4. Click the **Save** button after you have answered each question.
5. Click the **Close** button to return to the Business Process Wizard where the Complete Modification Checklist step will be marked Complete.

<input type="checkbox"/>	Step 8: Taxpayer Details	Required	10/31/2007	10/31/2007	Complete	
<input type="checkbox"/>	Step 9: View Servicing Provider Details	Optional	10/31/2007	10/31/2007	Complete	
<input type="checkbox"/>	Step 10: Complete Modification Checklist	Required	01/25/2008	12/17/2007	Complete	Updated
<input type="checkbox"/>	Step 11: Submit Modification Request for Review	Required	10/31/2007	10/31/2007	Incomplete	Must be...

Complete
Modification
Checklist marked
Complete



NOTE: If updates were made in error, you can mark the incorrect update by checking the box to the left of the step and clicking the [Undo Update](#) button. The Modification Status of the marked step will change to a blank field and modifications will be removed.



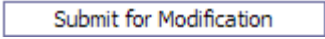
Click Undo
Update button to
remove changes
made in error

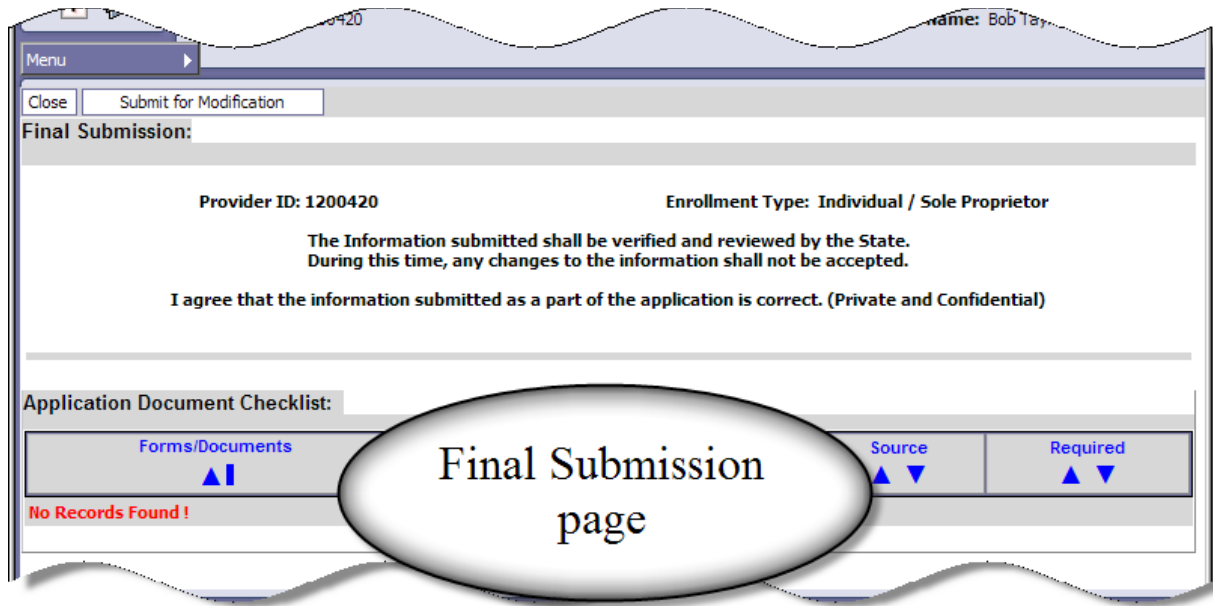
- Click the Submit Modification Request for Review hyperlink.



Click Submit
Modification
Request for
Review

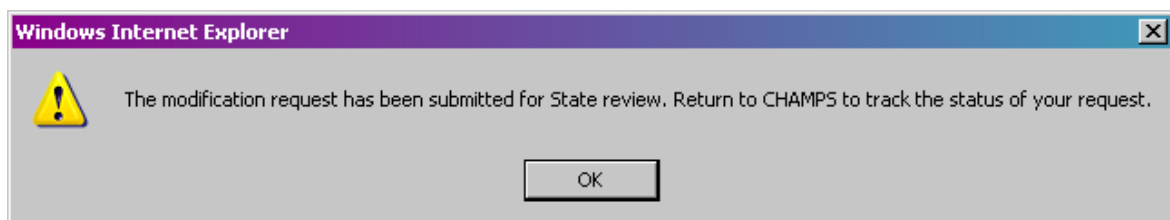


7. You will see the Final Submission page. Click the  button.



Forms/Documents	Source	Required
No Records Found !		

8. You will see a pop-up message indicating your Modification Request was submitted. Click the OK button to close the pop-up window.





9. You will be returned to the Business Process Wizard where you will see the Modification Status updated to In Review and Step 9: Submit Modification Request for Review marked Complete.

<input type="checkbox"/>	Step 6: Review Claims	Required	03/07/2008	03/07/2008	Complete	In Review
<input type="checkbox"/>	Step 7: View Servicing Provider Details	Optional	03/07/2008	03/07/2008	Complete	
<input type="checkbox"/>	Step 8: Complete Modification Checklist	Required	03/07/2008	03/07/2008	Complete	In Review
<input type="checkbox"/>	Step 9: Submit Modification Request for Review	Required	03/07/2008	03/07/2008	Complete	

Step 9: Submit
Modification Request
marked Complete - In
Review status

10. Click the button to return to the Provider Portal.



APPENDIX A – ACRONYMS AND ABBREVIATIONS



APPENDIX A – ACRONYMS AND ABBREVIATIONS

Acronym / Abbreviation	Definition
BPW	Business Process Wizard
CHAMPS	Community Health Automated Medicaid Processing System
DDE	Direct Data Entry
DEG	Data Exchange Gateway
EIN	Employer ID Number
ePHI	Electronic Protected Health Information
FAO	Facility, Agency, Organization
HIPAA	Health Insurance Portability and Accountability Act
ID	Identification
MAIN	Michigan Administrative Information Network
MCO	Managed Care Organization
MDCH	Michigan Department of Community Health
MMIS	Medicaid Management Information System
NPI	National Provider Identifier
PE	Provider Enrollment
PHI	Protected Health Information
P.O.	Post Office
SSN	Social Security Number



Acronym / Abbreviation	Definition
SSO	Single Sign-On
URL	Uniform Resource Locator, Web Address
USPS	United States Postal Service
XLS	Excel Spreadsheet

CHAMPS HOTLINE INFORMATION

Please direct any questions or concerns about CHAMPS to the CHAMPS Hotline.

- Phone – 1-888-643-2408
- E-mail – CHAMPS@michigan.gov



MPHI®

©2008 MPHI